

## Confidentiality and User Agreement

This form shall be signed by an employee of any public agency needing access to CANVaS. It defines the requirement to maintain confidentiality and the employee agreement to abide by the system rules. A signed copy is maintained by the authorized User and may be maintained by the Super User who confirms the certification of the User.

All information in the system is confidential and all Users have the responsibility to abide by applicable confidentiality laws. Users who violate these laws will have access to CANVaS immediately revoked. If a User believes that the confidentiality of his/her password has been compromised, he/she must immediately change the password and notify the Help Desk of the concern.

Case managers may only access family and child specific information for those individuals with whom they are working.

By signing this form, the User acknowledges the conditions under which access to CANVaS is granted and agrees to be held to these conditions.

By initialing page 11 and signing below (on page 12), the User acknowledges and agrees with the following:

- I have read and agree to abide by the CANVaS Confidentiality Policy.
- I understand that information in CANVaS is confidential and can only be used for those purposes as required by the Comprehensive Services Act.
- I am responsible for safeguarding my system user ID and password.
- I will not permit others to utilize my User ID and password.
- I will keep my User ID and password confidential and will not share with anyone.
- My computer will not be left unattended when a CANVaS session is open.
- A lock-out screen saver will be used after a period of 30 minutes.
- I will always log off and close the browser when finished with a CANVaS session.

By signing the agreement, the authorized User acknowledges that if he or she leaves employment, that he or she has no right to and will not access the information in CANVaS. The User further acknowledges that this Agreement is binding after termination of employment and confidential information such as User ID or password or consumer information shall not be shared with others.

\_\_\_\_\_ Initials (p.11)

## CANVaS Individual User Agreement and Confidentiality Agreement

Please provide all of the following information. **(Incomplete forms will not be accepted.)**

<p>1. Name of Locality:</p> <p style="margin-left: 40px;">Name of Agency:</p> <p style="margin-left: 40px;">Agency Address:</p>
<p>2. Name of Individual who needs CANVaS access:</p> <p style="margin-left: 40px;">Title of Individual who needs CANVaS access:</p>
<p>3. <input type="checkbox"/> New User <span style="margin-left: 150px;"><input type="checkbox"/> Change</span></p>
<p>4. E-mail Address:</p>
<p>5. First Name: (please print clearly) <span style="margin-left: 100px;">Last Name: (please print clearly)</span></p>
<p>6. User's Signature: (signature indicates acceptance of terms in the Confidentiality and Users' Agreements)</p> <p style="margin-left: 40px;">Phone Number: (include area code)</p>
<p>7. Attach copy of CANS Certification Number and Expiration Date from Communimetrics site. (DSU/RA must verify at time of approval.)</p>
<p>8. Secret question: (to be used in the event of a lost password-Pick only one question. <b><u>Do not indicate which question or note the answer on this form</u></b>)</p> <p style="margin-left: 20px;">1. Which phone number do you remember most from your childhood?</p> <p style="margin-left: 20px;">2. What was your favorite place to visit as a child?</p> <p style="margin-left: 20px;">3. Who is your favorite actor, musician, or artist?</p> <p style="margin-left: 20px;">4. What was your favorite school subject?</p> <p style="margin-left: 20px;">5. What is your grandfather's first name?</p> <p style="margin-left: 20px;">Do <u>not</u> indicate which question or write the answer to the question on this form. The User will provide the answer to the question to the RCR Help Desk when establishing a password.</p>
<p>Check level of access needed:</p> <p>Role of User:</p> <p style="margin-left: 20px;">1. Certified CANS user/case manager _____</p> <p style="margin-left: 20px;">2. Report Administrator _____</p> <p style="margin-left: 20px;">3. Data entry only (must be approved by OCS) _____</p>

Authorization Page

CANVaS Individual User Agreement and Confidentiality Agreement for

### CASE MANAGERS

**Supervisor Authorization:** As the agency supervisor of \_\_\_\_\_

(User requesting authorization), I verify that he/she is an employee of

\_\_\_\_\_ (name of agency) and

requires access to CANVaS, the online CANS assessment, for his/her job duties.

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_

**Designated Super User/Report Administrator Authorization:** As a Designated CANS

Super User of \_\_\_\_\_ locality, I have verified that the current

CANS certification of \_\_\_\_\_ (name of User requesting

authorization) is \_\_\_\_\_ (insert number) with

the following date of expiration \_\_\_\_\_.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Please fax to (317) 631-3345  
or mail the completed form (pages 11-13) to:

CANVaS Help Desk  
RCR Technology  
251 North Illinois Street, Suite 1150  
Indianapolis, Indiana 46204

**All three pages of Section VI must be submitted (pgs 11, 12, 13).**